

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

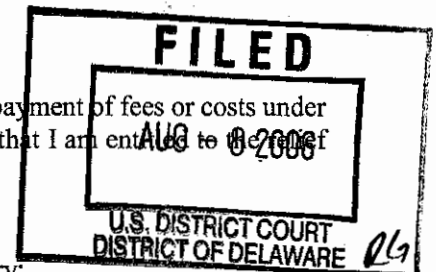
Dale A. Guilfoil
Plaintiff
V.
Thomas Carroll et al.
Defendant(s)

**APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**

CASE NUMBER: 06-493

I, Dale A. Guilfoil declare that I am the (check appropriate box)
☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 166308

Are you employed at the institution? No Do you receive any payment from the institution? No

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. Received \$30.00 as gift from Sister Pamela Cherrix. Do not expect more.

AO 240 Reverse (Rev. 10/03)
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4. Do you have any cash or checking or savings accounts?

•• Yes

•• No ☒

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes ☒

•• No

If "Yes" describe the property and state its value.

Inherited a share of home in 1999 from parents
deaths. Share home with sister and niece.
3 bedroom home approx. \$90,000.00

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

Aug 2, 2006
DATE

Dale A. Gueffo
SIGNATURE OF APPLICANT.

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORIGINAL

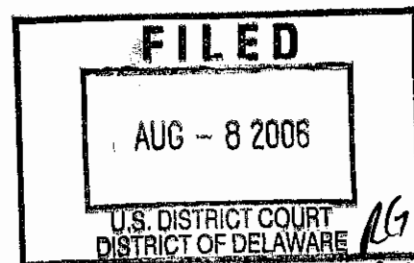
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Dale Guilfoil SBI#: 146308

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: June 30, 2006



Attached are copies of your inmate account statement for the months of December 1, 2005 to May 31, 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>7.03</u>
<u>March</u>	<u>1.99</u>
<u>April</u>	<u>6.39</u>
<u>May</u>	<u>04</u>

Average daily balances/6 months: 2.58

Attachments

CC: File

Stacy Shane
6/30/06

M. L.
Notary public
6/30/06

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Individual Statement

For Month of January 2006

Date Printed: 6/30/2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00166308	GUILSOIL	DALE				
Current Location:	W1	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	MO # or Ck #
Commitments	1/12/2006	\$0.00	\$0.00	\$0.00	\$0.00	207624
Supplies-MailP	1/20/2006	\$0.00	\$0.00	(\$6.83)	\$0.00	211606
						1/11/06
Ending Mth Balance:					\$0.00	

Total Amount Currently on Medical Hold: (\$3.61)

Total Amount Currently on Non-Medical Hold: (\$6.68)

Date Printed: 6/30/2006

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Individual Statement

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00166308	GUILSOIL	DALE				
Current Location:	W1	Comments:				

Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	2/3/2006	\$10.00	\$0.00	\$0.00	\$10.00	218361	9342240682		P. CHERRIX
Supplies-MailP	2/8/2006	\$0.00	\$0.00	(\$3.03)	\$10.00	220590		INDIGENT 2/1/06	
Canteen	2/9/2006	(\$3.16)	\$0.00	\$0.00	\$6.84	221139			
Ending Mth Balance:					\$6.84				

Total Amount Currently on Medical Hold: (\$3.61)
 Total Amount Currently on Non-Medical Hold: (\$6.68)

Date Printed: 6/30/2006

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Individual Statement

For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$6.84
00166308	GULLSOIL	DALE				
Current Location:	W1	Comments:				

Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	3/10/2006	(\$3.03)	\$0.00	\$0.00	\$3.81	234406		INDIGENT 2/1/06	
Supplies-MailP	3/10/2006	(\$3.81)	\$0.00	(\$3.02)	\$0.00	234480		1/11/06	
Supplies-MailP	3/15/2006	\$0.00	\$0.00	(\$2.99)	\$0.00	236544		INDIGENT 2/28/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$3.61)

Total Amount Currently on Non-Medical Hold: (\$6.68)

Date Printed: 6/30/2006

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Individual Statement

For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00166308	GUILL SOIL	DALE				
Current Location:	W1	Comments:				

Trans Type	Date	Deposit or Withdrawal		Non-Medical Hold		Balance	Trans #	MO # or Clk #	PayTo	SourceName
		Amount	Medical Hold							
Medical	4/7/2006	\$0.00	(\$4.00)			\$0.00	246942		3/28/06	
Mail	4/7/2006	\$20.00	\$0.00			\$20.00	247008	08545309097		P. CHERRIX
Medical	4/7/2006	(\$4.00)	\$0.00			\$16.00	247353		3/28/06	
Supplies-MailP	4/11/2006	\$0.00	\$0.00		(\$1.56)	\$16.00	248407		INDIGENT 4/6/06	
Canteen	4/13/2006	(\$2.34)	\$0.00		\$0.00	\$13.66	249315			
Canteen	4/20/2006	(\$6.08)	\$0.00		\$0.00	\$7.58	251947			
Supplies-MailP	4/20/2006	(\$2.99)	\$0.00		\$0.00	\$4.59	252217		INDIGENT 2/28/06	
Supplies-MailP	4/20/2006	(\$3.02)	\$0.00		\$0.00	\$1.57	252534		1/11/06	
Supplies-MailP	4/20/2006	(\$1.56)	\$0.00		\$0.00	\$0.01	253144		INDIGENT 4/6/06	
Medical	4/21/2006	\$0.00	(\$4.00)		\$0.00	\$0.01	253763		4/7/06	
Medical	4/21/2006	(\$0.01)	(\$3.99)		\$0.00	\$0.00	254034		4/7/06	
						Ending Mth Balance:	\$0.00			

Total Amount Currently on Medical Hold: (\$3.61)

Total Amount Currently on Non-Medical Hold: (\$6.68)

Date Printed: 6/30/2006

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Individual Statement

For Month of May 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00166308	GUISSOL	DALE				
Current Location: W1		Comments:				

Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	5/10/2006	\$0.00	\$0.00	(\$3.60)	\$0.00	261951		INDIGENT 5/4/06	
Release Cash	5/23/2006	\$0.38	\$0.00	\$0.00	\$0.38	266940		UNCLAIMED	
Medical	5/26/2006	(\$0.38)	(\$3.61)	\$0.00	\$0.00	270700		4/7/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$3.61)

Total Amount Currently on Non-Medical Hold: (\$6.68)